

SCC eFile
(6/10)

**2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

210502272

1.) CORPORATION NAME:

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

11 S 12TH ST

PO BOX 1463

RICHMOND, VA 23218

DUE DATE: **9/30/2010**

SCC ID NO: **F0123085**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 CONGRESS ST., Z-13

CITY/ST/ZIP: BOSTON, MA 02210-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: EMANUEL ALVES
TITLE: VP/S
ADDRESS: 601 CONGRESS ST
CITY/ST/ZIP/CO: BOSTON, MA 02110-

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OFFICER

☐

DIRECTOR

NAME: JEFFERY WHITEHEAD
TITLE: VP/CONTROLLER
ADDRESS: 601 CONGRESS STREET
CITY/ST/ZIP/CO: BOSTON, MA 02110-

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OFFICER

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DIRECTOR

NAME: PETER LEVITT
TITLE: SVP/T
ADDRESS: 200 BLOOR ST EAST
CITY/ST/ZIP/CO: , -,

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OFFICER

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DIRECTOR

NAME: LYNNE PATTERSON
TITLE: SVP/CFO
ADDRESS: 601 CONGRESS ST
CITY/ST/ZIP/CO: BOSTON, MA 02110-

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OFFICER

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DIRECTOR

NAME: JAMES D GALLAGHER
TITLE: EVP, Comm Rel.
ADDRESS: 601 CONGRESS ST.
CITY/ST/ZIP/CO: BOSTON, MA 02210-

NAME:	JOHN G VRYSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	601 CONGRESS ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02210-		
NAME:	SCOTT S HARTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP & CIO		
ADDRESS:	197 CLARENDON ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02116-		
NAME:	STEVEN A FINCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP, JH LIFE		
ADDRESS:	200 CLARENDON ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02116-		
NAME:	JAMES R. BOYLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN & PRES		
ADDRESS:	601 CONGRESS ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02210-		
NAME:	REX, JR. SCHLAYBAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 RENAISSANCE CENTER		
CITY/ST/ZIP/CO:	DETROIT, MI 48243-		
NAME:	THOMAS N BORSHOFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	STONE ROAD		
CITY/ST/ZIP/CO:	PITTSFORD, NY 14534-		
NAME:	RUTH ANN FLEMING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	205 HIGHLAND AVE.		
CITY/ST/ZIP/CO:	SHORT HILLS, NJ 07078-		
NAME:	KWONG YIU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	200 BLOOR ST. E.		
CITY/ST/ZIP/CO:	TORONTO, ON M4W 1E5-, CANADA		
NAME:	ROSALIE CALABRARO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	601 CONGRESS ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02210-		
NAME:	VERONIKA CHAYADY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	601 CONGRESS ST.		
CITY/ST/ZIP/CO:	BOSTON, MA 02210-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ KWONG YIU	KWONG YIU, ASST SECRETARY	9/23/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		